

Return to:  
Tennessee Motor Vehicle Commission  
500 James Robertson Parkway  
2<sup>nd</sup> Floor  
Nashville, TN 37243-1153



Phone: (615) 741-2711  
Fax: (615) 741-0651

## TENNESSEE MOTOR VEHICLE COMMISSION COMPLAINT

DATE: \_\_\_\_\_

_____ Your name (Complainant)			_____ (Respondent-who is the complaint against)		
_____ (Mailing Address)			_____ (Street Address)		_____ (County)
_____ (City)	_____ (State)	_____ (Zip)	_____ (City)	_____ (State)	_____ (Zip)
_____ (Home Phone)	_____ (Work Phone)		_____ (Phone Number)		
MAKE _____		YEAR _____	VIN _____		
(Ford, GMC, etc.)			(Vehicle Identification Number)		

Date of transaction: \_\_\_\_\_ Have you contacted the company about the complaint? \_\_\_\_\_

Name of contact person at the respondent's business \_\_\_\_\_

Have you taken any private legal action on this complaint? \_\_\_\_\_ (Yes or No)

Was this product or service advertised? \_\_\_\_\_ (Yes or No) If so, Attach a copy of the ad.

How are you involved? (1) purchaser; (2) co-signer; (3) other: \_\_\_\_\_

### BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Use additional pages if necessary. Attach copies of all documents that will support your allegations. Provide names and addresses of persons having firsthand knowledge of your complaint. Please, retain copies of all documents submitted.)

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Signature of Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

**Complainant:** \_\_\_\_\_

### Complaint (continued)

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